

# INTERN GRANT PROGRAM

## FALL- FUNDING REQUEST FORM

### INTERN INFORMATION

Intern's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address (Street): \_\_\_\_\_

(City): \_\_\_\_\_ (Zip Code): \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Check box if you would like your record updated with the above information.**

### EMPLOYMENT INFORMATION

District: \_\_\_\_\_ School: \_\_\_\_\_

Principal: \_\_\_\_\_ Sp. Ed. Teachers Circle One: **RSP** **SDC**

**Support Provider:** \_\_\_\_\_ Grade: \_\_\_\_\_

### GENERAL INFORMATION

- Students with an intern credential may apply for a maximum of \$500 in reimbursement per semester. A separate application will be mailed to eligible students for each semester.
- Expenses to be reimbursed must relate to your teaching responsibilities (e.g., classroom library books or supplies, teaching software or subscriptions, relevant workshop fees, TEP course fees).
- If you paid for your intern credential with your own money, you may request reimbursement for that fee in *addition* to the initial \$500 reimbursement limit.
- Do not attach receipts but retain them in your records should they be requested.
- Please return *both* this form and the Spending Plan/Report in the enclosed postage-paid envelope and allow 2-3 weeks for processing before expecting a reimbursement in the mail.

### LEGAL AGREEMENT

By signing below, I attest that the information entered above is complete and correct as of the date of my signing.

Intern Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_